UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Jorge L. Alvarez **Plaintiff(s)** *(Write the full name of each plaintiff who is filing this complaint.* *If the names of all the plaintiffs cannot fit in the space above,* *please write "see attached" in the space and attach an additional* *page with the full list of names.)* -v- Megan J. Brennan. Postmaster General **Defendant(s)** USPS *(Write the full name of each defendant who is being sued. If the* *names of all the defendants cannot fit in the space above, please* *write "see attached" in the space and attach an additional page* *with the full list of names.)*	)))))))))))))))))	Case No. _____ *(to be filled in by the Clerk's Office)* Jury Trial: *(check one)* ☒ Yes ☐ No

(stamp, right margin) U.S. DISTRICT COURT DISTRICT OF MASS. 2018 OCT 29 PH 2: 23 FILED IN CLERKS OFFICE

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jorge L. Alvarez
Street Address	37 Allison lane
City and County	Springfield Hampden county
State and Zip Code	Massachusetts 01129
Telephone Number	413. 348. 6822
E-mail Address	jalvarez01129@comcast.net

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

Defendant No. 1

    Name   Megan J. Brennan

    Job or Title *(if known)*   Postmaster General

    Street Address   475 L'Enfant Plaza, SW Room 4012

    City and County   Washington, DC

    State and Zip Code   Washington, D.C 20260-2200

    Telephone Number   ~~703-248-7905~~ 202-268-2608

    E-mail Address *(if known)* Megan.J.Brennan@usps.gov

Defendant No. 2

    Name

    Job or Title *(if known)*

    Street Address

    City and County

    State and Zip Code

    Telephone Number

    E-mail Address *(if known)*

Defendant No. 3

    Name

    Job or Title *(if known)*

    Street Address

    City and County

    State and Zip Code

    Telephone Number

    E-mail Address *(if known)*

Defendant No. 4

    Name

    Job or Title *(if known)*

    Street Address

    City and County

    State and Zip Code

    Telephone Number

    E-mail Address *(if known)*

II.   Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than $75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question   ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A.   If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. American with Disabilities Act of 1990 (ADA) (ADA) Amendments Act, 2008

B.   If the Basis for Jurisdiction Is Diversity of Citizenship

1.   The Plaintiff(s)

a.   If the plaintiff is an individual

The plaintiff, *(name)* _____ , is a citizen of the

State of *(name)* _____ .

b.   If the plaintiff is a corporation

The plaintiff, *(name)* _____ , is incorporated

under the laws of the State of *(name)* _____ ,

and has its principal place of business in the State of *(name)*

_____ .

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2.   The Defendant(s)

a.   If the defendant is an individual

The defendant, *(name)* _____ , is a citizen of

the State of *(name)* _____ . Or is a citizen of

(foreign nation) _____ .

b.   If the defendant is a corporation

The defendant, *(name)* _____ , is incorporated under

the laws of the State of *(name)* _____ , and has its

principal place of business in the State of *(name)* _____ .

Or is incorporated under the laws of *(foreign nation)* _____ ,

and has its principal place of business in *(name)* _____ .

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3.   The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than $75,000, not counting interest and costs of court, because *(explain)*:

III.   Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Purposely exposed to Substance use/Smoke/aerosols and other Chemical agents as harassment to my disability and retaliation for complaining of such Initial exposures, lack of accomodations by Manegment for my disability or to enforce disciplinary actions to wrong doers. Negligence.

IV.   Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I ask a Jury to award me my base Salary of $47,122 times 22 years that I would of worked till my eligibility of retirement for a total of $1,036,684 in punitive damages, I feel entitled to this amount, because if it wasn't for the severe negligence of supervisors and Management and the severity of attacks on my disability, I would of still been employed and stayed working with the government. Also I am requesting a trial by Jury/Claim trial by Jury. Please see attached

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V.   Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A.   For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff _____

Printed Name of Plaintiff _____Jorge L Alvarez_____

B.   For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____